

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Scott Joseph Njos

(Enter above the full name of  
plaintiff in this action)

v.

United States of America

(Enter above the full name of  
the defendant(s) in this action)

CIVIL CASE NO:

13-529  
(to be supplied by Clerk  
of the District Court)

FILED  
SCRANTON

FEB 26 2013

PER 4

DEPUTY CLERK

COMPLAINT

1. The plaintiff Scott J. Njos a citizen of  
the County of Union State of  
Pennsylvania, residing at Lewisburg-SMU 2500 Robert Miller Drive Lewisburg PA 17837-1000  
wishes to file a complaint under 28 U.S.C. § 1346(b)  
(give Title No. etc.)

2. The defendant is the United States of America

3. STATEMENT OF CLAIM: (State below the facts of your case. If you have paper exhibits that give further information of your case, attach them to this completed form. Use as much space as you need. Attach extra sheet(s) if necessary) (See: Basis of Claim and


3. (CONTINUED) Injury attached

Note to the Court:

Plaintiff filed a Tort # TRI-NER-2012-05109  
which was denied on Oct. 1, 2012 (attached)  
plaintiff exhausted administrative remedies  
admin. rem. # 682714 "Staff improperly Dispensed  
meds - caustic"

4. WHEREFORE, plaintiff prays that the United States of America

pay plaintiff \$50,000.00 for the pain and suffering  
from the negligence and malpractice of their employee,  
Zook had a duty to know the medication he handed plaintiff  
was to be applied by a physician only, he gave inappropriate  
instructions and my penis was severely burned and painful  
now I must have surgery to open my pee-hole which  
melted shut from the injuries suffered. Medical Treatment!

"without prejudice"   
(Signature of Plaintiff)

2-15-13 Scott Njos 30162424  
PO Box 1000  
Lewisburg Pa 17837-1000

## Basis of Claim.

On Approx. December 23<sup>rd</sup>, 2011 I was given the medication called Podophyllum Resin External Solution 25%, 15ml, which was prescribed for a genital wart outbreak, in my cell, to apply on my penis and testicles where areas were affected by the outbreak, I was told by physicians Assistant Kenneth Zook that I was to apply a thin layer to any affected area and to leave it on. I had approx. 30-50 warts on my testicles and 10-15 on the head of my penis, I applied a thin layer to all affected areas as directed, returned the bottle of medication to Kenneth Zook when he returned to retrieve it, and left the medication on. Within 24-hours my genitals were Burning and layers were melting off, I made Paramedic Walls aware the day following application at PM pill line by showing him the Burns and describing the pain which felt like I had been kicked in the genitals. At the next pills lines (A.M.-P.M.-A.M) I again made staff aware, with out any relief or treatment of the Burns on my penis and testicles for 4 days (approx.).

On Dec 27<sup>th</sup>, 2011 I showed Kenneth Zook my Burned penis and testicles and he gave me a cream. I told him I felt there was infection and that there were holes in my testicles along with very Bad burns, the side of my thighs had burned also.

On Dec 29<sup>th</sup>, 2011 I couldn't take the Burning pain no more, I told officer Larkin (C-Blocks O.I.C. #1) he called Kenneth Zook to the Unit. Upon observation of the severity of the Burns on my genitals Kenneth Zook had me taken to the Health Care Unit and he cleaned away all the infection, skin and pus with saline water, he gave me antibacterial cream and Burn cream. (p to date)

My penis no longer hurts but my testicles are still very sensitive, I've requested further exam but have been denied.

In February 25<sup>th</sup>, 2012 at A.M. Pill line I again complained of the pain in my "private parts" to Nurse Hartsole, she commented that "Podophyllum Resin Solution 25%" was to "ONLY" Be applied by a physician and never by a patient, that she is sorry but I'm Zook's problem. "Dr Pegos' approval of P.A. H. Zook's medical methods is also a negligent act which is evident by his co-sign of procedures".

### Injury.

The Physician Kenneth Zook gave me a medication I did not know how to apply, he gave directions contrary to the medications label, and had me apply them while he did "rounds" elsewhere, the application of 40 or more drops in to the medication "Podophyllum Resin External Solution 25%, 15 ml" onto my genitals affected areas was way to much, and because of this my penis and testicles were scalded, Burned, melted and layers of extremely sensitive testicle skin was removed and fell off on its own accord, the pain was excruciating and the scars on my testicles will always remain, testicles are still Ultra sensitive to this day. This medication is "ONLY" supposed to be applied by a physician ONLY, therefore using me to mis apply a very caustic medication to my genitals which in turn were scalded and very excruciatingly painful, the loss of skin was so painful its undescrivable. This would have never happened if the medication was applied by a doctor who knew how to use it and how to dispense it.

### Conclusion.

Seen by Urologist who recommended surgery on my penis hole which was melted closed, still awaiting surgery.

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: NJOS, SCOTT		Reg #: 30162-424
Date of Birth: 10/21/1982	Sex: M Race: WHITE	Facility: LEW
Note Date: 12/23/2011 09:09	Provider: Zook, Kenneth PA-C	Unit: C01

Sick Call/Triage encounter performed at Special Housing Unit.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1      Provider: Zook, Kenneth PA-C**

Patient c/o genital wart outbreak. States he's not received any treatment and that he's "not sticking my penis out the food slot" for treatment or evaluation. Chart reviewed and shows prior rx for genital warts with podophylin. Patient states symptoms are the same and requests treatment.

**ADMINISTRATIVE NOTE 2      Provider: Zook, Kenneth PA-C**

Patient lists 5-6 complaints on cop-out concerning his medical treatment while in Federal custody.

1. knee injury - occurred August, first documented by staff early September, evaluated October and still pending specialist examination.

2. asthma and black mold - patient has not demonstrated respiratory compromise while at USP-Lew. He has had regular refills of albuterol and mometasone. He has not required oral steroids for significant asthma attacks or respiratory compromise. Black mold issue should be addressed to facilities and safety, patient aware.

3. mental health issues - patient states he has not received any counseling or treatment plan that was "ordered by my forensic evaluation". Also states that his medication (bupropion) was discontinued on a false allegation of hoarding and he has not gotten it back. Psychology has noted that this inmates character pathology is the chief cause of his mental issues - he has Axis II traits that lead to poor choices that put him in bad situations. No medication fixes this. He was initially not referred to tele-psychiatry because it was not clear that he had any treatable condition. More recently he has been treated for a "rapid cycling bipolar disorder" with lamitrogine and notes improvement in mood swings. Tele-psychiatry appointment still pending, but has been resubmitted.

4. chronic pain issues - patient has a diagnosis of neuralgia that is tied to his historical complaint of fibromyalgia, which he states was diagnosed before he got locked up. He had been prescribed gabapentin, but it was discontinued, along with the bupropion, during the alleged hoarding event in August. Review of his file and his past hoarding behavior, along with his medical history of multiple drug addiction mitigated against restarting any potentially abuseable medications. It just so happens that gabapentin and bupropion are the two most commonly abused medications in this penitentiary. Alternative medication in the form of NSAIDs, anti-depressants and anxiolytics were offered, but noted by patient to have poor efficacy. Recent start of lamitrogine may have some activity against chronic pain, but is too early to tell.

**Other:**

note date should read 12/23, not 12/28 (this is a late entry)

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: NJOS, SCOTT  
Date of Birth: 10/21/1982  
Encounter Date: 12/27/2011 09:10

Sex: M Race: WHITE  
Provider: Zook, Kenneth PA-C

Reg #: 30162-424  
Facility: LEW  
Unit: C01

Follow-up encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Zook, Kenneth PA-C

**Chief Complaint:** Skin Problem

**Subjective:** Patient had application of podophylin resin last week. Apparently, after application the sweat from his skin made the medication run together and concentrate in the intertriginous areas of his groin. Apparently put 30 or more "dots" on affected areas of his scrotum / penis. He states "I feel like I got kicked in the nuts and there's lots of pus coming out from down there". He feels nauseated, but denies rigors or other signs of systemic infection. Mostly c/o burning and painful sensation in groin / scrotum.

**Pain Location:** Scrotum

**Pain Scale:** 9

**Pain Qualities:** Burning | Aching

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:** likely contact dermatitis from podophylin application.

**OBJECTIVE:**

**Exam:**

**Skin**

**General**

Yes: Dry, Warmth, Tenderness, Erythema

No: Induration

**Lesions**

No: Wheals, Vesicles, Bullae, Pustules, Erosions, Induration, Ulceration, Drainage, Excoriations, Necrosis

Patient has significant erythema and one area of perineum that appears "scalded", but no open areas. The patient had put "grease" on the area to keep the air off of it. This is liquifying and combined with some shedding of skin from the contact dermatitis, appears as a waxy/milky substance. Once cleaned away, the skin is reddened, but shows not full-thickness injury, bleeding or purulent discharge from anywhere on the groin or scrotum.

**ASSESSMENT:**

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Other specified disorders of skin	709.8	Resolved	05/04/2009	New Occurrence	History/Resolved

**Health Problem Comments:**

Folliculitis

**PLAN:**

**Disposition:**

Inmate Name: NJOS, SCOTT	Sex: M	Race: WHITE	Reg #: 30162-424
Date of Birth: 10/21/1982	Provider: Zook, Kenneth PA-C	Facility: LEW	Unit: C01
Encounter Date: 12/27/2011 09:10			

Follow-up at Sick Call as Needed

**Other:**

Though a painful condition, the irritation will pass as the skin heals. Topical treatments (bacitracin and silvadene) given to help keep the area shielded from friction and air irritation.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/04/2012	Counseling	Prognosis	Zook, Kenneth	Verbalizes Understanding

Concerned over appearance and feels he has an infection. Counseled on the cardinal signs of infection and to alert medical staff if they developed.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Zook, Kenneth PA-C on 01/04/2012 09:20

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: NJOS, SCOTT	Sex: M Race: WHITE	Reg #: 30162-424
Date of Birth: 10/21/1982	Provider: Zook, Kenneth PA-C	Facility: LEW
Encounter Date: 12/29/2011 09:20		Unit: C01

Follow-up encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Zook, Kenneth PA-C

**Chief Complaint:** Skin Problem

**Subjective:** Patient still c/o open, raw areas on scrotum from prior application of podophylin. Swears he has an infection, that it's really bad, and he needs to be evaluated again. Also states that he feels like he's having an anxiety attack. Inmate was transported to HSU for evaluation.

**Pain Location:** Scrotum

**Pain Scale:** 9

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
12/29/2011	12:20 LEW	99.1	37.3	Oral	Zook, Kenneth PA-C

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/29/2011	12:40 LEW	120			Zook, Kenneth PA-C
12/29/2011	12:20 LEW	138			Zook, Kenneth PA-C

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/29/2011	12:40 LEW	18	Zook, Kenneth PA-C
12/29/2011	12:20 LEW	20	Zook, Kenneth PA-C

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/29/2011	12:20 LEW	124/78	Right Arm			Zook, Kenneth PA-C

**Exam:**

**Skin**

**General**

Yes: Dry, Warmth, Tenderness, Erythema

No: Atrophic

**ASSESSMENT:**

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
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Inmate Name: NJOS, SCOTT	Sex: M	Race: WHITE	Reg #: 30162-424
Date of Birth: 10/21/1982	Provider: Zook, Kenneth PA-C	Facility: LEW	Unit: C01
Encounter Date: 12/29/2011 09:20			

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Other specified disorders of skin	709.8	Resolved	05/04/2009	Not Improved/Same	History/Resolved

**Health Problem Comments:**  
Folliculitis

**PLAN:**

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Silver Sulfadiazine Cream 1%	12/29/2011 09:20	1/16" film Topically -Two Times a Day x 10 day(s) -- apply over affected area of scrotum - wash hands before application.

**Indication:** Other specified disorders of skin

**Disposition:**

Follow-up at Sick Call as Needed

**Other:**

Patient states the silvadene helps. Will continue to watch closely.

Of note, lymph nodes in groin were NOT swollen or tender, that part was missed from prior physical exam. There is no evidence of infection.

Patient understandably upset about the condition of his scrotum. May have triggered some of his anxiety issues. He demonstrates clear insight and reasoning and the evaluation ended with him walking back to his housing quarters in no apparent distress. If it was an anxiety attack, it did not result in significant impairment.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/04/2012	Counseling	Plan of Care	Zook, Kenneth	Verbalizes Understanding

Minimize friction. Keep area coated. Refills of ointment PRN, but try to make it last as long as possible.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Zook, Kenneth PA-C on 01/04/2012 10:10

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Complex:** LEW--LEWISBURG USP  
**Inmate:** NJOS, SCOTT

**Begin Date:** 10/01/2011  
**Reg #:** 30162-424

**End Date:** 02/16/2012  
**Quarter:** C01-125U

### Active Prescriptions

Podophyllum Resin External Solution 25%, 15ml

1 dot per lesion Topically Weekly x 30 day(s) Pill Line Only -- Apply to spots on penis / scrotum. Be careful not to allow excess fluid to touch unaffected areas.

**Rx#:** 86235-LEW **Doctor:** Zook, Kenneth PA-C

**Start:** 01/04/12 **Exp:** 02/03/12

**Pharmacy Dispensings:** 3 ml in 44 days

Silver Sulfadiazine Cream 1%, 20 GM

1/16" film Topically -Two Times a Day x 10 day(s) -- apply over affected area of scrotum - wash hands before application.

**Rx#:** 86236-LEW **Doctor:** Zook, Kenneth PA-C

**Start:** 01/04/12 **Exp:** 01/14/12

**Pharmacy Dispensings:** 20 GM in 44 days

Triamcinolone 0.1% 15 GM Cream

apply thin film to hands twice daily

**Rx#:** 85135-LEW **Doctor:** Pigos, Kevin MD/Clinical Director

**Start:** 12/20/11 **Exp:** 01/03/12

**Pharmacy Dispensings:** 15 gm in 59 days

Witch Hazel & Glycerin 50%/10% (40 Pads)

use one pad rectally each day as needed

**Rx#:** 78255-LEW **Doctor:** Pigos, Kevin MD/Clinical Director

**Start:** 09/13/11 **Exp:** 03/11/12

**Pharmacy Dispensings:** 240 pads in 157 days

### Active OTC

<u>Medication</u>	<u>OTC Source</u>	<u>Start Date</u>	<u>Stop Date</u>
Aspirin 325 MG Tab (OTC) 24 count	Indigent	11/16/2011	11/23/2011 23:59
<b>Order Details:</b> take as directed on bottle			
Psyllium Oral Powder SF 58.6% 3.4 Gm Packet (30)	Indigent	11/16/2011	11/23/2011 23:59
<b>Order Details:</b> use as directed on packets			
Psyllium Oral Powder SF 58.6% 3.4 Gm Packet (30)	Commissary-TruFac Review	10/21/2011	10/28/2011 23:59
<b>Order Details:</b> use as directed on packets			
Tolnaftate Cream 1 % (OTC) 15 GM	Indigent	10/21/2011	11/21/2011 23:59
<b>Order Details:</b> use as directed on tube			
Psyllium Oral Powder SF 58.6% 3.4 Gm Packet (30)	Indigent	10/14/2011	11/16/2011 09:46
<b>Order Details:</b> use as directed on packets			
Selenium Sulfide Lotion 1 % (OTC) 7 oz	Indigent	10/14/2011	11/14/2011 23:59
<b>Order Details:</b> use as directed on bottle			
Mylanta DS Susp (OTC) 400-400-40 MG/5ML (480ml)	Indigent	10/06/2011	10/13/2011 23:59
<b>Order Details:</b> take as directed on bottle			
Psyllium Oral Powder SF 58.6% 3.4 Gm Packet (30)	Commissary-TruFac Review	10/06/2011	10/13/2011 23:59
<b>Order Details:</b> use as directed on packets			

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

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Inmate Name:	NJOS, SCOTT	Sex:	M	Race:	WHITE	Reg #:	30162-424
Date of Birth:	10/21/1982	Provider:	Gosa, S. PA-C	Facility:	LEW	Unit:	C01
Note Date:	03/22/2012 11:05						

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Follow-up encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**      **Provider:** Gosa, S. PA-C

Inmate inquired on paper about follow up for claimed irritation he's having on his scrotal area. Will interview this Inmate regarding this issue today on rounds, as this is the first this Staff has been made aware of it, and have seen this Inmate at his cell daily during the weekdays over the past month plus.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Gosa, S. PA-C on 03/22/2012 11:09

Requested to be cosigned by Edinger, Andrew MD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Bonaparte, Christi A/SA/PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: NJOS, SCOTT  
Date of Birth: 10/21/1982  
Encounter Date: 03/22/2012 12:40

Sex: M Race: WHITE  
Provider: Gosa, S. PA-C

Reg #: 30162-424  
Facility: LEW  
Unit: C01

Follow-up encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Gosa, S. PA-C

**Chief Complaint:** Skin Problem

**Subjective:** Inmate seen briefly today during rounds to discuss ongoing complaints of scrotal irritation. Describes that the skin surface has healed, but that the skin remains very sensitive, mostly to heat and cold, but to touch as well, and that even sitting over the cold toilet water can cause irritation. This Inmate further associate's his erectile dysfunction claims as being associated with the burn he had when he applied Podophyllin to himself months back.

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:** Offers no current complaints of pain when discussing the sensitivity, just past and recent past.

**ROS:**

**General**

**Constitutional Symptoms**

No: Chills, Fever

**Integumentary**

As described in the subjective.

**Neurological**

**Sensory System**

Yes: Hypesthesia, Pain

No: Numbness

**OBJECTIVE:**

**Exam:**

**General**

**Appearance/Nutrition**

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

No: Appears in Pain

**Affect**

Yes: Pleasant, Cooperative, Anxious

Presents subjective matter in a matter of fact tone, but a little animated.

**Skin**

Course of events following initial burn are well documented.

**ASSESSMENT:**

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
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Inmate Name: NJOS, SCOTT  
 Date of Birth: 10/21/1982  
 Encounter Date: 03/22/2012 12:40

Sex: M Race: WHITE  
 Provider: Gosa, S. PA-C

Reg #: 30162-424  
 Facility: LEW  
 Unit: C01

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>
Other specified disorders of skin	709.8	Resolved	05/04/2009	Improved	History/Resolved

**Health Problem Comments:**

Folliculitis

**Diagnosis Comments:**

Although the overall integrity of the skin has improved, this Inmate claims he's left with annoying sensitivity. Will inquire whether there would be of any benefit to referring to either to Urology or Dermatology.

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed  
 Follow-up at Chronic Care Clinic as Needed

**Other:**

Will confer via e-mail with the Doctor.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/22/2012	Counseling	Plan of Care	Gosa, S.	Verbalizes Understanding

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Gosa, S. PA-C on 03/22/2012 12:59  
 Requested to be cosigned by Edinger, Andrew MD.  
 Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

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Inmate Name:	NJOS, SCOTT	Reg #:	30162-424
Date of Birth:	10/21/1982	Sex:	M Race: WHITE
Note Date:	03/28/2012 11:54	Facility:	LEW
		Unit:	C01

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Admin Note encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1**

**Provider:** Gosa, S. PA-C

Inmate questioned this Staff about a PB-8 he apparently filled out. Inmate did fill out a cop out regarding his scrotum pain, and was addressed per cop-out as a sick call issue, but no particular BP-8 was noted. When Inmate was told this, he became verbally loud and aggressive. Inmate was advised about his being previously treated with Podophyllin per documentation and that he would know the caustic potential of the medication. Inmate persisted on a rampage of blaming staff, and not taking responsibility for his own behaviors. This Inmate was advised that the interaction with this Staff was finished, attempted to close window door, but popped open, and this Staff walked off to continue rounds. Will notify Psych staff of this interaction, and follow on next rounds.

**Other:**

Will e-mail note to Dr. Howson PHD

**Disposition:**

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Notify Psychology Duty Officer

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** No

Completed by Gosa, S. PA-C on 03/28/2012 12:03

Requested to be cosigned by Edinger, Andrew MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter - Administrative Note**

Inmate Name: NJOS, SCOTT		Reg #: 30162-424
Date of Birth: 10/21/1982	Sex: M Race: WHITE	Facility: LEW
Note Date: 04/03/2012 07:41	Provider: Gosa, S. PA-C	Unit: C01

Admin Note encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1      Provider: Gosa, S. PA-C**

Inmate filed BP resolution with ongoing complaints of scrotal sensitivity, and erectile problems and painful ejaculation. Describes this being a product of being treated with Podophyllin, which he liberally applied to his penis and scrotal area despite instructions by PA to just apply dots to Venereal Wart areas, and previous instructions to treatment with Podophyllin noted in a 3/18/2010 entry for the same type of order. Inmate is asking to be seen by a Urologist for this problem. Noted: Inmate refused lab studies on 3/26/2012 (see scanned documents). Will again order for lab studies, explain the necessity of getting these for further evaluation, and consult for Urology services.

**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Profile tests-General-Urinalysis	One Time	04/05/2012 00:00	Routine
Profile tests-General-Comprehensive			
Metabolic Profile (CMP)			
Blood tests-h-Hepatitis C viral load			
Blood tests-o-p-Prostate Specific Antigen (PSA)			
Profile tests-General-CBC and WBC			
Differential			

**Additional Information:**

CCC and other.

**Labs requested to be reviewed by :** Edinger, Andrew MD

**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Due Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Urology			No	

**Reason for Request:**

(IN) Evaluate for Scrotal Sensitivity and painful ejaculation. Inmate continues ongoing complaints of scrotal sensitivity, and erectile problems and painful ejaculation. Describes this being a product of being treated with Podophyllin, which he liberally applied to his penis and scrotal area despite instructions by PA to just apply dots to Venereal Wart areas, and previous instructions to treatment with Podophyllin noted in a 3/18/2010 entry for the same type of order. Inmate is asking to be seen by a Urologist for this problem. Noted: Inmate refused lab studies on 3/26/2012 (see scanned documents). Lab studies reordered, compliance encouraged with explanation of the necessity of getting these studies for further evaluation.

**Provisional Diagnosis:**

1.) Scrotal Sensitivity / 2.) Painful Ejaculation / 3.) Erectile Dysfunction

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Inmate Name:	NJOS, SCOTT	Sex:	M	Race:	WHITE	Reg #:	30162-424
Date of Birth:	10/21/1982	Provider:	Gosa, S. PA-C	Facility:	LEW	Unit:	C01
Note Date:	04/03/2012 07:41						

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**Disposition:**

Follow-up at Sick Call as Needed  
Follow-up at Chronic Care Clinic as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/03/2012	Counseling	Plan of Care	Gosa, S.	Needs Reinforcement
04/03/2012	Counseling	Compliance - Treatment	Gosa, S.	Needs Reinforcement

**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Gosa, S. PA-C on 04/03/2012 08:14

Requested to be cosigned by Edinger, Andrew MD.

Cosign documentation will be displayed on the following page.

Utilization Review Committee  
USP Lewisburg Health Services

C-115

Review Date: 4/4/12

Njos, Scott 30162-424

Custody:

MAX

Projected Release:

6/8/20

Referral to: Urology

Reason: Evaluation

Disposition:

\_\_\_\_ Your case was reviewed and approved. Your procedure or testing will be scheduled accordingly.

✓ \_\_\_\_ Your case was reviewed and will need followed up by your primary care provider. At this time your procedure has been put on hold and re-submission of the request will be considered if medically indicated.

\_\_\_\_ Your case was reviewed and after careful consideration it was determined that conservative treatment will be adequate at this time. The request for the procedure is denied. We will continue to monitor and provide treatment as necessary.

\_\_\_\_ Pending Regional Review.

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Clinical Director

4/5/2012  
Date

\_\_\_\_\_  
Health Svcs Admin

4/5/2012  
Date

Copy to: URC Minutes  
Medical Record

Utilization Review Committee  
USP Lewisburg Health Services

C-117

Review Date: 5/16/12

Njos, Scott 30162-424

Custody:

MAX

Projected Release:

6/8/20

Referral to: Urology

Reason: Evaluation

Disposition:

☒ Your case was reviewed and approved. Your procedure or testing will be scheduled accordingly.

☐ Your case was reviewed and will need followed up by your primary care provider. At this time your procedure has been put on hold and re-submission of the request will be considered if medically indicated.

☐ Your case was reviewed and after careful consideration it was determined that conservative treatment will be adequate at this time. The request for the procedure is denied. We will continue to monitor and provide treatment as necessary.

☒ Pending Regional Review.

☐ Other

  
Clinical Director

5/17/12  
Date

  
Health Svcs Admin

5/17/12  
Date

Copy to: URC Minutes  
Medical Record

Utilization Review Committee  
USP Lewisburg Health Services

C-210  
Housing Unit:

**Review Date:** 8/9/12

**Inmate Name & Number:** Njos, Scott 30162-424

**Custody:** MAX

**Projected Release:** 6/8/20

**Referral to:** Urology

**Reason:** Evaluation

**Disposition:**

☒ Your case was reviewed and approved. Your procedure or testing will be scheduled accordingly.

☐ Your case was reviewed and will need followed up by your primary care provider. At this time your procedure has been put on hold and re-submission of the request will be considered if medically indicated.

☐ Your case was reviewed and after careful consideration it was determined that conservative treatment will be adequate at this time. The request for the procedure is denied. We will continue to monitor and provide treatment as necessary.

☐ Pending Regional Review.

☐ Other \_\_\_\_\_

  
\_\_\_\_\_  
Clinical Director

Date

  
\_\_\_\_\_  
Health Svcs Admin

Date 8/8/12

Copy to: URC Minutes  
Medical Record

Utilization Review Committee  
USP Lewisburg Health Services

C-206  
Housing Unit:

**Review Date:** 10/04/12

**Inmate Name & Number:** Njos, Scott 30162-424

**Custody:** MAM

**Projected Release:**

6/8/20

**Referral to:** Urology

**Reason:** Procedure

**Disposition:**

☒ Your case was reviewed and approved. Your procedure or testing will be scheduled accordingly.

☐ Your case was reviewed and will need followed up by your primary care provider. At this time your procedure has been put on hold and re-submission of the request will be considered if medically indicated.

☐ Your case was reviewed and after careful consideration it was determined that conservative treatment will be adequate at this time. The request for the procedure is denied. We will continue to monitor and provide treatment as necessary.

☐ Pending Regional Review.

☐ Other \_\_\_\_\_

  
\_\_\_\_\_  
Clinical Director

10/4/12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Health Svcs Admin

10/4/12  
\_\_\_\_\_  
Date

Copy to: URC Minutes  
Medical Record

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Henry Sadowski, Regional Counsel Northeast Regional Office U.S. Customs House, Second and Chestnut Streets Philadelphia, PA. 19106			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Scott Joseph Nicos #30162424 PO Box 1000 Lewisburg PA, 17837		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH Oct. 21 <sup>st</sup> , 1982		5. MARITAL STATUS N/A	
6. DATE AND DAY OF ACCIDENT Approx. Dec. 23 <sup>rd</sup> , 2011		7. TIME (A.M. OR P.M.) Approx 3 P.M.			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). (See attachment - "Basis of Claim")					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). N/A					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. (See attachment - "Injury")					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Paramedic walls officer Larkin		2400 Robert E Miller drive Lewisburg PA 17837			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE N/A		12b. PERSONAL INJURY \$5,000. <sup>00</sup> (Exempt From Lien)		12c. WRONGFUL DEATH N/A	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$5,000. <sup>00</sup> (Exempt From Lien)	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). Without Prejudice: [Signature]			13b. PHONE NUMBER OF PERSON SIGNING FORM N/A		14. DATE OF SIGNATURE 2-24-2012
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



**U.S. Department of Justice**

**Federal Bureau of Prisons**

***Northeast Regional Office***

*Via Certified and Return Receipt Mail*

U.S. Custom House-7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA 19106

October 1, 2012

Scott Njos, Reg. No. 30162-424  
USP Lewisburg  
P.O. Box 1000  
Lewisburg, PA 17837

RE: Administrative Claim No. TRT-NER-2012-05109

Dear Mr. Njos:

Your Administrative Claim No. TRT-NER-2012-05109, properly received on April 2, 2012, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. Damages are sought in the amount of \$5,000.00 based on a claim that you received inappropriate medical treatment for genital warts on December 23, 2011.

Investigation reveals that there is no evidence to suggest you experienced a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied.

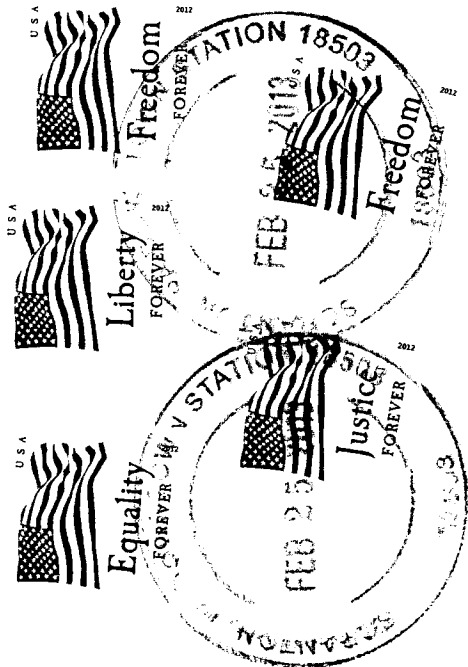
If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael D. Tafelski", is written over the typed name.

Michael D. Tafelski  
Regional Counsel

cc: J.E. Thomas, Warden, USP Lewisburg



Clerks Office

PO Box 1148

Secon ton Pa

18501-1148

Name: Scott N. Os  
Number: 301600124  
States Penitentiary  
1000  
rg, PA 17837  
FEB 20 2013

REC  
2/26/13

RECEIVED  
ANTON

FEB 26 2013

*[Handwritten signature]*  
CLERK

*[Handwritten signature]*